

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to LEBANON VALLEY BRETHERN HOME  
LEGAL ENTITY

To operate LEBANON VALLEY BRETHERN HOME  
NAME OF FACILITY OR AGENCY

Located at 1200 GRUBB STREET, PALMYRA, PA 17078  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE \_\_\_\_\_

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE \_\_\_\_\_

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE \_\_\_\_\_

To provide Personal Care Homes  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 58  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.  
(MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from June 14, 2013 until June 14, 2014,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 342960

*Robert E. Robinson*

ISSUING OFFICER

*R. C. King*

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable  
and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

JUN 14 2013

Mr. Jeffrey L. Shireman, President  
Lebanon Valley Brethren Home  
1200 Grubb Street  
Palmyra, Pennsylvania 17078

Dear Mr. Shireman:

As a result of the Department of Public Welfare's (Department) licensing inspection on March 14, 2013, of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Human Services Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "Ronald Melusky".

Ronald Melusky  
Director

Enclosures  
License  
Violation Report



Violation Report: 34296 - 03/14/2013 - Gensil, Lori  
 PCH Name: LEBANON VALLEY BRETHERN HOME

**1. REGULATION 55 Pa.Code §2600**  
 2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:  
 (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.  
 (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.  
 (3) Resident rights.  
 (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).  
 (5) Falls and accident prevention.  
 (6) New population groups that are being served at the home that were not previously served, if applicable.

**2a. DESCRIPTION OF VIOLATION**  
 The staff were trained in fire safety in 2012 using an online computerized program, entitled Upstairs Solutions. The training was not completed by a fire safety expert.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- LVBH has scheduled it's training for fire safety for April 12, 2013 and will be conducted by a fire safety expert.

- From this point forward, LVBH will always conduct an annual fire safety training completed by a fire safety expert (ongoing) Maint. + PC admin will ensure above is completed

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Michelle Smith*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Michelle Smith LVBH PC admin	Date 4/1/13
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>4-4-13</u> (Date)	Plan of correction implementation status as of <u>4-4-13</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 34296 - 03/14/2013 - Gensil, Lori  
 PCH Name: LEBANON VALLEY BROTHERS HOME

1. REGULATION 55 Pa.Code §2600  
 2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION  
 The home's fire drill log reflects the census number for the number of residents in the home at the time of the drills. The staff do not count or record the actual number of residents who participate in the fire drills.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*- A fire drill was held on 3/29/13 @ 1000 (see attached)*  
*In order to be in compliance with reg 132(c) In service*  
*also held on importance of keeping record of where Res. is (see attached)*  
*ngoing - maintenance will conduct a fire drill as per regulation 5*  
*and PC admin. will complete # of residents in home +*  
*actual # of res. evacuated (# of residents present for fire drill)*  
*new form initiated to track residents during fire drills (see attached)*

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Michelle Smith*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Michelle Smith LEW PC admn*      Date *4/1/13*

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>4-4-13</u> (Date)  The above plan of correction was approved by <u>JE</u> (Initials)	Plan of correction implementation status as of <u>4-4-13</u> (Date)  <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 34296 - 03/14/2013 - Gensil, Lori  
 PCH Name: LEBANON VALLEY BROTHERS HOME

**1. REGULATION 55 Pa.Code §2600**

2600.181(d) - If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

**2a. DESCRIPTION OF VIOLATION**

Resident #1 self-administers medications and stores the medications in their room. On 3/14/13 at 2:30 pm, the resident's bedroom door was unlocked and the resident was not present in the room. The medications are stored in the top dresser drawer which has no lock.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

- On 3/15/13 locked box obtained + PC admin. instructed Resident #1 on use + importance of keeping medications secure. Staff was inservice on importance of keeping medications locked. (see attached) ongoing - LPN on duty will randomly check Resident's who self administer medications 2 times a week and document on log to ensure compliance (see attachment). PC admin. to check monthly charting is being completed + documented

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) Michelle Smith

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Michelle Smith LPN PC Admin Date 4/1/13

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>4-4-13</u> (Date)	Plan of correction implementation status as of <u>4-4-13</u> (Date)
The above plan of correction was approved by <u>SE</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented